CERTIFICATE OF CANCELLATION DOMESTIC STATUTORY TRUST

Office of the Secretary of the State 30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 03/01/2001

	Space for Office Use Only	Filing Fee: \$60.00
1. NAME OF STATUTORY TRUST:		
2. THE DATE OF FILING OF TH	E ORIGINAL CERTIFICAT	TE OF TRUST://
3. THE REASON FOR FILING THE CERTIFICATE OF CANCELLATION:		
4. EXECUTION:		
Dated this	day of	, 20
Print or type name of signatory	Capacity of signatory	Signature
	onputty of digitality	~-9